1								<del></del>	7			<del></del>	
PATENT APPLICATION FEE DETERMINATION RECORD									Ap	Application or Docket Number			
Effective December 8, 2004 Q 4 JAN 2008										10/569026.			
		CLAIMS	AS FILED	- PART	j			SMALL EN	ITITY /		OTUĆ	R THAN	
)			. (Colur	nn 1)	(Column 2)			TYPE		OR		ENTITY	
U.S. NATIONAL STAGE FEES			·				7	RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL EN	SMALL ENT. = \$ 150		RGE ENT. = \$ 300	1	BASIC FEE	18	OR		1,22	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			other situations = \$ 100 / \$ 200		EXAM. FEE	100	,	EXAM. FEE	1.	
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			other situations = \$ 250 / \$ 500		SEARCH FEE	200		SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =	1	X \$ 125 =		1	X \$ 250 =	<del></del>	
TOTAL CHARGEABLE CLAIMS			/ minus 20 =		* _			X \$ 25 =	<del> </del>	OR	X \$ 50 =	<del></del>	
INDEPENDENT CLAIMS			/ n	ninus 3 =	* -	•	-	X \$ 100 =	<del> </del>	OR	X \$ 200 =		
MULTIPLE DEPENDENT CLAIM PRE			ESENT	L				+ \$ 180 =	180	OR	+ \$ 360 =	<del> </del>	
* If the difference in column 1 is less than zero, enter "0						olumn 2	J	TOTAL	630	OR.	TOTAL	<del> </del>	
		CI AIMS AS	AMENDED	ר א מ	- 11					J		<u> </u>	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ΕΝΤΙΤΥ	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUMI PREVIC PAID I		BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.ya	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=	Ì	X \$ 25 =		OR	X \$ 50 =		
	Independent	. *	Minus	***		=	•	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı	+ \$ 180 =		OR	+ \$ 360 =	<del> </del>	
						L	TOTAL ADDIT.		· L	TOTAL ADDIT.			
	•	(Column 1)		(0.1	•			, , , ,		ļ	FEE	<u> </u>	
		CLAIMS		(Colum		(Column 3)	Г		· ·	-			
2		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		= .		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					ľ	+ \$ 180 =		OR -	+ \$ 360 =			
	• 9						L	OTAL ADDIT. FEE		. L	OTAL ADDIT.		
											FEE [		
* I	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
***	f the "Highest Nu	mber Previously Paid mber Previously Paid aber Previously Paid	For" IN THIS SP/	ACE is less th	han '20'	, enter "20".	the a	appropriate box i	N column 1				